

utterly unfitted for the head of a training-school, and a stranger is more apt to maintain good discipline.

Second, those in training should take three- or six-months' training in other hospitals, say three in obstetrical work and three in general, which would include operative cases.

Third, the superintendent of nurses should have separate rooms and eat apart from the other nurses.

Fourth, all pupil nurses should be changed every month, as they do in other hospitals, thereby making them come in contact with all kinds of mental conditions and also with the sick, instead of leaving them on the same ward for months.

No nurse should be allowed on the streets in her uniform, as, unfortunately, is done in some places, as it looks very undignified. This, of course, does not apply to any special hospital, but to all. They should have at least a good common-school education; later women of higher education will take up the work.

I am sure superintendents of insane institutions will be only too glad to help their nurses by making arrangements with other hospitals to give them experience in all branches of nursing. They might exchange nurses, benefiting both sides.

The Boston Insane Hospital is offering a post-graduate course to nurses. This is a step in the right direction; we want reciprocity in our domestic affairs as well as in our national.

Insane institutions are doing good work, and when one considers the way their work is looked upon by some people in these so-called enlightened times, it savors of former ages, when the insane were looked upon as possessed. Let us be progressive and help one another. Insanity is a disease, and as curable as tuberculosis and all other allied diseases. It needs intelligence, education, tact, and all the qualities that go to make a good nurse.

A mental nurse from her training is well adapted to tolerate and understand abnormal mental conditions in all classes of patients. Let us hope to see the time when a knowledge of insanity will be a part of all graduate nurses' training, and when facilities will be offered to mental nurses in other branches of nursing.

FLEUR-DE-LIS.

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DEAR EDITOR: I have been interested in the articles on life insurance and savings-banks, and would like to make the point that neither can claim to be best, in itself, but according to circumstances one may be the best thing for one nurse and the other for someone else. A nurse who has definite claims upon her or who wishes a perfectly certain investment had much better take the insurance company, as your correspondents have well brought out its qualities of protection and security.

But a nurse who has no one dependent on her, and who perhaps has some little resource, or whose family can take care of her in illness, can, I think, do better from a financial stand-point with the savings-bank. In a few good years of steady work she may save a thousand dollars (remembering the compound interest which her money draws), and she can then invest this in first mortgage or some other safe way for five per cent., and can proceed to save as before. I firmly advocate cultivating the savings-bank habit. It has so much flexibility. One can drop all sorts of small sums into the savings-bank, and this is an easy way to collect the annual payment to the insurance company. As we learn about the interest that accrues, we are not at all willing to withdraw from the savings-bank for trivial reasons, and, on the other hand, if any sudden emergency does

come and we find it all but impossible to save money for a few months, it is a great ease of mind to know that it may wait. I have known nurses almost distracted with anxiety over insurance and coöperative societies' payments falling due, which had to be met, no matter what happened. However, I am a firm believer in insurance.

A. B. C.

DEAR EDITOR: Last summer I paid a visit to the Edith Home on Belle Island, and I enjoyed it so much that I should like my sisters in the profession to know of it.

The house—an old-fashioned cottage painted red—occupies a corner of the island and stands among many trees. Established in one of the comfortable hammocks on the veranda, one ought to be quite happy, for one can enjoy not only the fine view of the Sound, but the soft zephyrs from it. One also has the choice of being *on* the water or *in* it—and the bathing is very good. The trolley comes conveniently near, though not obtrusively so, and a trolley-ride to Stamford or Norwalk in the torrid weather is delightfully cooling. The location combines the comforts of civilization with the pleasures of a seaside resort, and to my mind it is a most attractive place in which to rest for a couple of weeks; one need not even “dream” of patients and doctors.

All these attractions are possible for the sum of four good American dollars per week, and should you wish to take advantage of all the Edith Home offers, write to the superintendent of nurses, 426 East Twenty-sixth Street, New York City.

ANNIE RHODES.

DEAR EDITOR: In my obstetrical work I have found “Ley’s Nipple Wash” of great assistance. It relieves the natural tenderness of a woman’s nipples when her baby is first put to the breast, and it has cured fissures and raw nipples when other remedies have failed.

It is proprietary remedy, but harmless, and the physicians I have nursed for have not objected to its use. It is certainly a great boon to nursing mothers, many of whom lose the comfort of nursing their babies through the suffering it involves.

I would advise its use night and morning for a month before confinement, and as long afterwards as found necessary.

A. A. A.

DEAR EDITOR: The conditions described in the article on “Nursing Progress in Japan” would, if the same lines were followed here, eliminate the broken-down nurse and her needs from consideration. We pride ourselves in this country upon being progressive, yet we are compelled to work from twenty to twenty-two hours out of the twenty-four, or to stand alone in our request for proper relief, as, I am grieved to say, in my six-years’ experience as a private nurse I have found that the physician is rare who will render aid unless in doing it he forwards his own interests. There is something radically wrong in a civilized system that breaks nurses down in health in an average of ten years, and this is especially unjust to a class of workers whose lives are spent in the alleviation of suffering in others. We should follow Japan’s lead, with shorter hours, and a regular time for rest.

A SUBSCRIBER.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]